

### REMARKS

This Response is to the Final Office Action dated May 28, 2009. Claims 1, 3 to 10, 12 and 24 to 26 have been canceled without prejudice or disclaimer by this Response. Claims 11, 13 to 15 and 28 have been amended and claims 33 and 34 have been added. No new matter has been added by these amendments or new claims. Support for claims 33 and 34 is found at least at page 17 of the application as filed. Applicants have submitted a Request for Continued Examination and a Supplemental Information Disclosure Statement with this Response. Please charge Deposit Account No. 02-1818 for the Request for Continued Examination and any other amounts due in connection with this Response.

In the Office Action: (a) claim 26 was objected to as allegedly embracing two different statutory classes of invention; (b) claims 1, 3 to 6, 9 to 12, 14 to 16, 24 to 26, 28 and 30 to 32 were rejected under 35 U.S.C. §103(a) as being unpatentable over U.S. Patent No. 6,364,834 to Reuss ("*Reuss*") in view of U.S. Publication No. 2002/0016568 to Lebel et al. ("*Lebel*"); (c) claims 7, 13, 17, 18 and 20 were rejected under 35 U.S.C. §103(a) as being unpatentable over *Reuss* and *Lebel* and further in view of U.S. Patent No. 6,057,758 to Dempsey et al. ("*Dempsey*"); and (d) claim 19 was rejected under 35 U.S.C. §103(a) as being unpatentable over *Reuss* and *Lebel* and further in view of [www.catharsismedical.com](http://www.catharsismedical.com). Claims 1 to 10 have been cancelled, rendering the rejection of claims 1 to 10 moot. Additionally, the cancellation of claim 26 renders the objection to claim 26 moot.

Both claims 11 and 15 have similar distinguishing features: (i) the use of two separate computers to send a response message (in series) from the second computer, to the first computer and ultimately to a remote device; and (ii) the second computer adding to the response from the first computer to form a modified or more complete response. This is important to the claimed system because it provides an efficient system, enabling additional information from a separate sub-system, such as information from a pharmacy sub-system to be added to information requests. (See page 9 of the application as filed, discussing the function of the first and second computers in one embodiment of the invention.).

None of the cited prior art reference teach the above two features. *Lebel* is directed to an implantable infusion pump configured to exchange messages with an external device. Referring to Fig. 3 of *Lebel*, reproduced below, the implantable infusion pump 2 includes, among other components, processing electronics 72. External device 32 includes processing electronics 42.

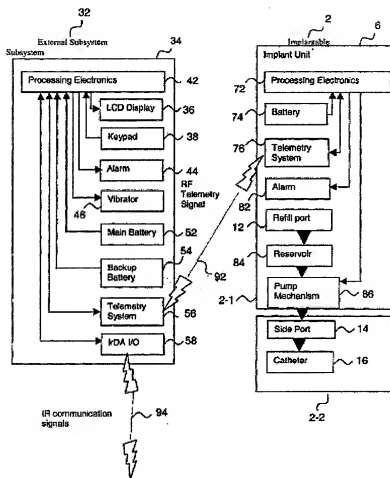


FIGURE 3

*Reuss* is directed to a patient monitoring system including at least one patient monitor, at least one central monitor, and at least one remote access device. [Abstract].

The present claims include similar language to that of cancelled claim 12. Regarding claim 12 in the last Response, prior to its cancellation, page 6 of the Office Action refers to column 17, lines 3 to 32 of *Reuss* as disclosing: “a response message . . . generated by [a] second central computer in response to the request generated by the remote device, and wherein the response message provided by the first central computer comprises the response message provided by the second central computer and additional data added by the first central computer.”

This caption of *Reuss* is provided below for convenience:

An additional feature of the medical monitoring system 10 is the ability to *transfer* large amounts of data concerning a given patient between various components of the system. For example, when a patient is transferred, monitored data concerning this patient may be located in a memory component of the first central monitoring system 14, a memory component of the patient monitor 16 which monitors the patient throughout the transfer and at a second central monitoring system 14 which remotely monitors the patient's new location. To consolidate this information, a transfer function may be selected at any of the first or second central monitoring systems 14 and at the patient monitor 16. *Upon receipt of a transfer signal, a patient identity, and a transfer location, patient data can be transferred to the selected network, either through an RF, or a hardwired network.* The receiving central monitoring system 14, can then use this information in continuous event monitoring and other monitoring applications. The transfer function may also be used to download relevant patient data from a patients monitor 12 or a central monitoring system 14 to an auxiliary system 202 for analysis or to maintain an overall patient database. Preferably, a bar code coupled to the patient the patient's chart, or other patient data is scanned by the bar code scanner 206 coupled to the central monitoring system 14 or the bar code scanner 204 coupled to the patient monitor 16. The coding of data in this way prevents errors in transmitting data. The ability to transfer monitoring data such as waveforms and vital sign statistics to a clinical information system minimizes the need to maintain patient charts, while the bar-coding system minimizes the risk of manual input errors. [Emphasis added]

This passage of *Reuss* appears to be directed to transferring patient data from one central monitoring system to another central monitoring system when a patient transfers hospital locations. *Reuss* does not disclose a request generated by a remote device and received by a first central computer *and a second computer*, and a response message generated *by the second computer* and sent to the first central computer through the network, and a relayed response message generated by the first central computer and sent to the remote device through the network, *the relayed response message generated by the first central computer including the response message generated by the second central computer plus additional data added by the first central computer.* *Reuss* only discloses patient data being sent from one network (including the computer receiving the request) to another network. Not only does only one computer receive the request, but the sent patient data does not include a response message generated by a second computer and additional data added by a first central computer. Nowhere in this passage does *Reuss* discuss "adding" data. Rather it appears raw patient data is simply transferred without addition or alteration. *Lebel* does not remedy this deficiency. For at least these reasons,

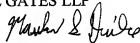
Applicants respectfully submit that claims 11, 14 to 16, 28 and 30 to 32 are patentable over the combination of *Reuss* and *Lebel* and in condition for allowance.

Applicants respectfully submit that claims 13, 17, 18 and 20 are patentable over the combination of *Reuss*, *Lebel* and *Dempsey* and claim 19 is patentable over the combination of *Reuss*, *Lebel* and [www.catharsismedical.com](http://www.catharsismedical.com) for the same reasons.

For the foregoing reasons, Applicants respectfully request reconsideration of the above-identified patent application and earnestly solicit an early allowance of same.

Respectfully submitted,

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